Revision: HCFA-PM-94-9 (MB)

DECEMBER 1994

ATTACHMENT 3.1-B Page 9 b

	State/Territory: New Jersey	
	AMOUNT, DURATION, AND SCOPE OF SERVICES PROVIDED MEDICALLY NEEDY GROUP(S):  Dependent Children	
24.	Home and Community Care for Functionally Disabled Elderly Individuals, as defined, described and limited in Supplement 2 to Attachment 3.1-A, and Appendices A-G to Supplement 2 to Attachment 3.1-A.	
	Provided X Not Provided	
25.	Personal care services furnished to an individual who is not an inpatient or resident of a hospital, nursing facility, intermediate care facility for the mentally retarded, or institution for mental disease that are (A) authorized for the individual by a physician in accordance with a plan of treatment, (B) provided by an individual who is qualified to provide such services and who is not a member of the individual's family, and (C) furnished in a home.	
	X Provided: $X$ State Approved (Not Physician) Service Plan Allowed	
	X Services Outside the Home Also Allowed	
	X Limitations Described on Attachment	
	Not provided.	*

TN No. 94-29
Supersedes
TN No. 94-24
Approval Date
FEB 24 1995
Effective Date

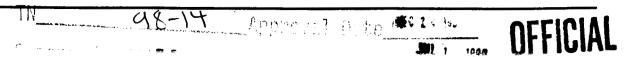
Revision: HCFA-PM-94-9 (MB) ATTACHMENT 3.1-B DECEMBER 1994 Page 9 C New Jersey State/Territory: AMOUNT, DURATION, AND SCOPE OF SERVICES PROVIDED MEDICALLY NEEDY GROUP(s): Aged, Blind and Disabled Home and Community Care for Functionally Disabled Elderly Individuals, as 24. defined, described and limited in Supplement 2 to Attachment 3.1-A, and Appendices A-G to Supplement 2 to Attachment 3.1-A. \_\_\_ Provided X Not Provided 25. Personal care services furnished to an individual who is not an inpatient or resident of a hospital, nursing facility, intermediate care facility for the mentally retarded, or institution for mental disease that are (A) authorized for the individual by a physician in accordance with a plan of treatment, (B) provided by an individual who is qualified to provide such services and who is not a member of the individual's family, and (C) furnished in a home.

X Provided: X State Approved (Not Physician) Service Plan Allowed Services Outside the Home Also Allowed Y Limitations Described on Attachment Not provided.

## ATTACHMENT 3.1-B Page 10a

	State:	New Jersey		
				•
	AMOUN	T, DURATION AND	SCOPE OF	SERVICES PROVIDED
		LLY NEEDY GROU		egnant Women
				·
26.	•	of All-Inclusive Care forment 3 to Attachment 3	• `	PACE) services, as described and limited
		provided	X	not provided

98-14-MA (NJ)



## ATTACHMENT 3.1-B Page 10b

	State:	New Jersey		
		•		•
	AMOUN7	r, duration and	SCOPE OF	SERVICES PROVIDED
	MEDICA:	LLY NEEDY GROU	P(S): De	pendent Children
		-		
26.	Program o	f All-Inclusive Care for	the Elderly (I	PACE) services, as described and limited
	_	nent 3 to Attachment 3.	• ,	, , , , , , , , , , , , , , , , , , , ,
	11			
		provided	X	not provided
		provided	41	- Mot provided

98-14-MA (NJ)

State: _	New Jersey	
AMOUN	T, DURATION AND SCOPE OF SERVICES PROVIDED	
MEDICA	LLY NEEDY GROUP(S): Aged, Blind, or Disabled	
Dua amana	of All Inchesive: Core for the Elderly (DACE) convices as described and limit	d
_	of All-Inclusive Care for the Elderly (PACE) services, as described and limited ment 3 to Attachment 3.1-A.	 :d



98-14-MA(NJ)